MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/568095

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51						
2		1						52						
3	1							53						
4		1						54						
5		1						55						
6		1						56						
7								57						
8								58						
9	1							59						
10		1						60						
11		1						61						
12		1						62						
13		1						63						
14	1							64						
15		1						65						
16		1						66						
17		1						67						
18		1						68						
19	1							69						
20		1						70						
21		1						71						
22		1						72						
23		1						73						
24		1						74						
25								75						
26								76						
27								77						
28								78						
29								79						
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32								82						
33								83						
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36								86						
37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	5							TOTAL IND.						
TOTAL DEP	19							TOTAL DEP						
TOTAL CLAIMS	24							TOTAL CLAIMS						